Substitute for form 1449/PTO				Complete if Known		
				Application Number	09/553,969	
INFO	RMATION DIS	CLOS	URE	Filing Date	April 21, 2000	
STAT	STATEMENT BY APPLICANT			First Named Inventor	WALLACE, DONALD G.	
				Art Unit	1611	
	(Use as many sheets as r	necessary)		Examiner Name	Lakshmi Sarada Channavajjala	
Sheet 1 of 2		2	Attorney Docket Number	017067-002040US		

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Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
Illitiais No.		Number Kind Code ^{2 (# known)}	WINN-DD-1111	Applicant of Cited Document	Figures Appear
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				MM-DD-YYYY		or Relevant Figures Appear	T ⁶	
		Country Code ³ Number ⁴	Kind Code ⁵ (if known)					
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NON PATENT LITERATURE DOCUMENTS							
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.					
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Examiner Signature	Date Considered	

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Substitute fo	or form 1449/PTO			Complete if Known		
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